

Survey Form for FNS or Authorized Agent Use Only U.S. Department of Agriculture - Food and Nutrition Service December 2010 - BRD/SNAP

**NOTE: MARK APPROPRIATE BOXES WITH AN "X" CENTERED IN THE BOX.**FNS Number→ **2972158****GENERAL STORE INFORMATION (AS PROVIDED BY FIELD OFFICE)**

Store Name: Euclid Market Inc

Store Address: 2318 N Euclid AveTelephone No: 3145351450County: ST LOUIS CITYCity/State/Zip: Saint Louis, MO 63113Days/Hours of Operation: M0700A-0800P; Tu0700A-0800P; W0700A-0800P; Th0700A-0800P; F0700A-0800P; Sa0700A-0800P; Su0800A-0400POwner's Name Provided by Store Personnel: Kaher SalemStore Name Posted: Euclid Market Inc**Days & Hours of Operation**

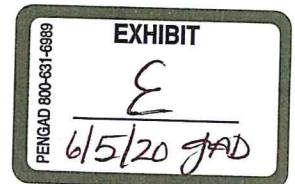
Record Days &amp; Hours of Operation in space provided here, indicating "a m" and/or "p m". If a store is open different hours on certain days, please list those days separately. For example, Monday – Saturday, 7am-11pm; Sunday, 10am-6pm.

Write "Same" if hours are same as provided. M0700A-0800P; Tu0700A-0800P; W0700A-0800P; Th0700A-0800P; F0700A-0800P; Sa0700A-0800P; Su0800A-0400P**GENERAL STORE CHARACTERISTICS (Mark all that apply)**

Description of Area: ☐ Urban ☒ Suburban ☐ Rural ☐ Other  
 Description of Location: ☐ Residential ☒ Commercial ☐ Industrial ☐ Other  
 Placement of Store: ☒ Freestanding ☐ Shopping Mall ☐ Farmers' Market Booth/Stall ☐ Other

☐ YES ☒ NO Are optical scanners used at checkout?  
☒ YES ☐ NO Are shopping baskets available for customers?  
☐ YES ☒ NO Are there more than 10 shopping baskets for customers to use?  
☐ YES ☒ NO Are shopping carts available for customers?  
☐ YES ☒ NO Are there more than 10 shopping carts for customers to use?

If yes, take photos of carts and baskets in the store.



2 Number of Cash Registers/Check-out Stations? (If no registers present, answer the next question)

☐ YES ☒ NO Adding Machines/Calculators? ☐ Other

2 Number of Point-of-Sale Devices for EBT Benefits Inside Store

☐ YES ☒ NO Is there evidence of wholesale business such as posted prices or separate entrances for wholesale customers?**FOOD SERVICE INFORMATION (Mark All That Apply)**☒ YES ☐ NO Hot Food Sold? (Take photo of hot food and menu or get copy of the menu, if available.)☐ YES ☒ NO Food Sold For On-Site Consumption (Hot OR Cold)? (If yes, mark next line, and take photo)If Yes... ☐ Chairs/Tables ☐ Counter/Booth Seating ☐ Standup Tables ☐ Other☒ YES ☐ NO Is There a Deli OR Prepared Food Section? (If yes, mark all that apply:)If Yes... ☒ Prices Posted for Meats ☐ Prepared Salads ☒ Prepared/Made-to-Order ☐ Other Refrigerated Foods (e.g. Casseroles, Cheese sold by Weight Sandwiches Chilled Cooked Chicken, etc...)☐ YES ☒ NO Meat/Seafood Specials or Bundles, or Fruit/Vegetable Boxes Sold? (If Yes...Get Copy of

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What is the estimated square footage of the store? 2500

Is food stored in a storage area out of the public view? ☐ YES ☒ NO

If yes, include the storage area in the sketch and ask for the estimated square footage of that space and note it here.  
\_\_\_\_\_

☐ YES ☒ NO Does the store operate through a night window or plastic barrier, with food stock behind the barrier?

**STORE TYPE?**

Is this store delivery route, farmers' market or specialty food store primarily selling one food type such as meat, poultry, seafood, bread, fruits, or vegetables? ☐ Yes ☒ No

If Yes, circle type or, if another type, write in best description here: \_\_\_\_\_

**NON-FOOD STOCK AND SERVICES** (Mark any that are present)

- ☒ Tobacco Products ☐ Alcohol ☒ Lottery tickets  
☐ Gasoline ☒ Other (Briefly describe the items that are carried in significant amounts.)  
health & beauty, cleaning supplies, paper goods

*Take Photos of Items Carried in Significant Amounts (Reminder, a photo of alcohol and gas pumps is always required.)*

**STORE CONDITIONS** (Mark all that apply)

*(Explain Scope of Problem in Comments Section.)*

- ☐ Empty Coolers ☐ Empty Shelves ☐ Poor Lighting ☐ Ice Crystals on Frozen Food  
☐ Dusty Cans/Packages ☐ Expired/Outdated Food  
☐ Broken Coolers ☐ Faded/Missing Labels ☐ Other

**COMMENTS:**

The hot food and prepared food is made to order. The meat and cheese by pound does not have pricing.

Reviewer (Print Name): RICK STEEN

☒ I certify to the best of my knowledge the information provided herein is true.

Site Visit, or 1<sup>st</sup> attempt: Date 7/12/2013 2:15:00 PM

(If applicable) Re-Visit, or 2<sup>nd</sup> attempt: Date \_\_\_\_\_

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Checklist for FNS or Authorized Agent Use Only

U.S. Department of Agriculture - Food and Nutrition Service

December 2010 - BRD/SNAP

Store Name: Euclid Market IncFNS Number: 2972158

Dairy Products	1-5 Units	6-20 Units	> 20 Units	F/F/R
Butter/Margarine			X	X
Cheese (hard/soft)/Cottage			X	X
Ice Cream/Ice Milk			X	X
Milk/Cream			X	X
Sour Cream/ Yogurt/Dips	4			X
Infant Formula (Animal-milk based)			X	

F/V	1-5 Units	6-20 Units	> 20 Units	F/F/R
100% Juice (Fruit or Vegetable)			X	X
<b>FRUITS</b>				
Apples				
Pears			X	
Apricots/Peaches/Nectarines				
Mangoes/Plums/Prunes/Mixed Fruit			X	X
Bananas/Plantains/Pineapples				
Papaya/Guava/Dates/Figs			X	
Coconut/Coconut Milk				
Berries (Blue/Black/Rasp/Cran/Straw, etc.)			X	X
Cherries/Grapes/Kiwi				
Melons (Watermelon, Honey Dew, Cantaloupe, etc.)				
Citrus (Oranges, Tangerines, Limes, Grapefruit, Lemons, etc.)			X	X
<b>VEGETABLES</b>				
Asparagus/Artichokes/Broccoli				
Cauliflower/Brussels Sprouts		X		X
Cabbage/Sauerkraut				
Beans/Bean Sprouts/Tofu/Peas/ Nuts/Nut Butters/Lentils/ Soy Products			X	X
Carrots/Parsnips/Turnips/ Beets/ Radishes/Mixed Vegetables			X	X
Celery/Onion/Leeks/Mushrooms				
Corn			X	
Greens/Lettuce (Boston, Collards, Iceberg, Kale, Green/Red Leaf, Mustard, Romaine, Spinach, Swiss Chard, etc.)			X	X
Peppers/Bell Peppers/Avocados		X		X
Potatoes (White/Sweet/Yams)			X	X
Squash (Acorn, Butternut, Eggplant, Spaghetti, Yellow, Zucchini, etc.)/ Okra/Cucumbers/Pumpkins			X	
Tomatoes/Tomato Sauce			X	X
Soup/Stew (all types)			X	
Infant F&V/Juices /Soy-based Formula			X	

Breads and Cereals	1-5 Units	6-20 Units	> 20 Units	F/F/R
Loaf Bread (sliced, unsliced)/Rolls/ Buns/Bagels/English Muffins/ Biscuits/Pizza/Pot Pies/Tortillas/ Pitas			X	X
Cakes/Muffins/Pastry/Pie Crusts/ Pancakes/Waffles			X	X
Breakfast Cereals (hot, cold)			X	
Pasta			X	
Rice/Barley/Millet/Rye			X	
Corn Meal/Grits			X	
Flour/Cracked Wheat/Baking Mixes			X	
Snacks: Cookies/Crackers/Chips/ Pretzels/Popcorn/Stuffing Mix/ Croutons/Bread Crumbs/ Granola Bars/Rice Cakes			X	
Infant Cereal		X		

Meats, Poultry, Fish	1-5 Units	6-20 Units	> 20 Units	F/F/R
Beef/Veal				
Lamb/Mutton/Goat				
Pork (Ham, Bacon, Sausage, etc.)		X		X
Chicken/Turkey/Duck/Goose				
Game Birds				
Deli/Lunch Meat/Hot Dogs			X	X
Canned/Potted Meat (beef/pork/poultry)			X	
Eggs			X	X
Fish, Finned (Catfish, Cod, Flounder, Haddock, Halibut, Herring, Mackerel, Perch, Salmon, Sardines, Scrod, Snapper, Sole, Swordfish, Trout, Tuna, Turbot, Whiting, etc.)			X	
Fish, Shell/Misc. (Clams, Crabs, Mussels, Oysters, Scallops, Shrimp, Squid, etc.)				
Infant Meats			X	

Reviewer (Print Name): RICK STEEN☒ I certify to the best of my knowledge the information provided herein is true.Site Visit or 1<sup>st</sup> attempt: 7/12/2013 2:15:00 PM(If applicable) Re-Visit or 2<sup>nd</sup> attempt: Date: \_\_\_\_\_

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U.S. Department of Agriculture - Food and Nutrition Service

FNS# 2972158

Store Name: Euclid Market Inc

**Supplemental Nutrition Assistance Program (SNAP)  
Store Visit Contract  
Photographer's Certification Statement**

I have reviewed the digital images and they are the ones I took or are the ones I used for the store visit of Euclid Market Inc.

I completed my review of this store at 2:15 PM on 7/12/2013

The digital images accurately portray the situation at the named store on the given date and time.

**RICK STEEN**

Signature of On-Site Reviewer

**ISN CORPORATION**

Name of Prime Contractor

This document has been electronically signed by the named On-Site Reviewer; RICK STEEN

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## STORE REVIEW CONSENT FORM

FNS # 2972158 Store Name Euclid Market

I, Faheem Mahmood give my consent for FNS or its Contractor to  
(Print name)

review this store - to take photographs, to sketch the store layout, and to collect other information in connection with this store's participation in the Supplemental Nutrition Assistance Program (SNAP).

Muhammad 7-12-13 Clerk  
Signature Date Title

## STORE REVIEW REFUSAL FORM

Note: If you do not allow a store review to be conducted, your application may be denied or your permit may be withdrawn.

I, \_\_\_\_\_, refuse to give my consent for a store review and  
(Print name)

understand that my refusal means that this store will not be eligible to participate in the Supplemental Nutrition Assistance Program (SNAP) without a complete review.

\_\_\_\_\_  
Signature Date Title

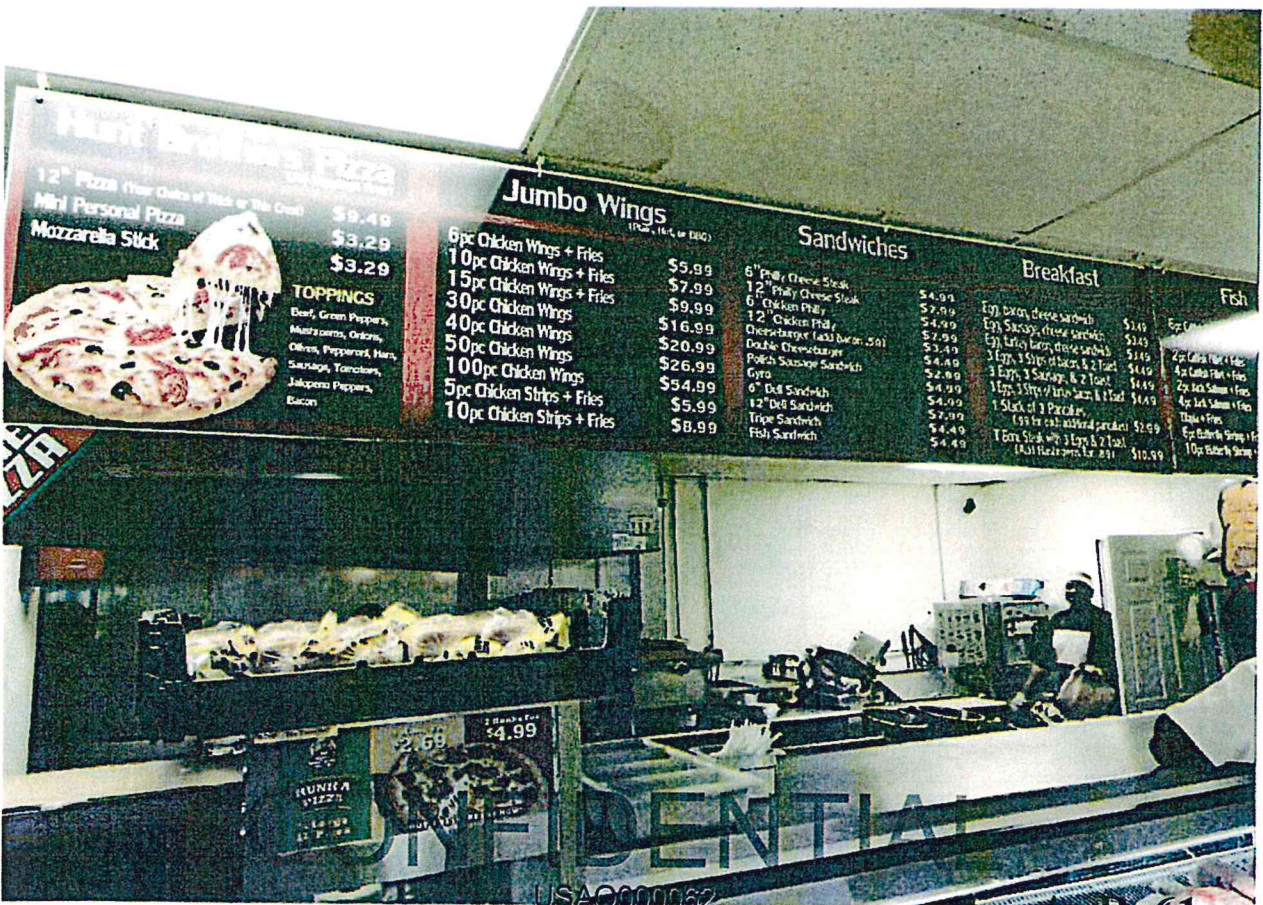
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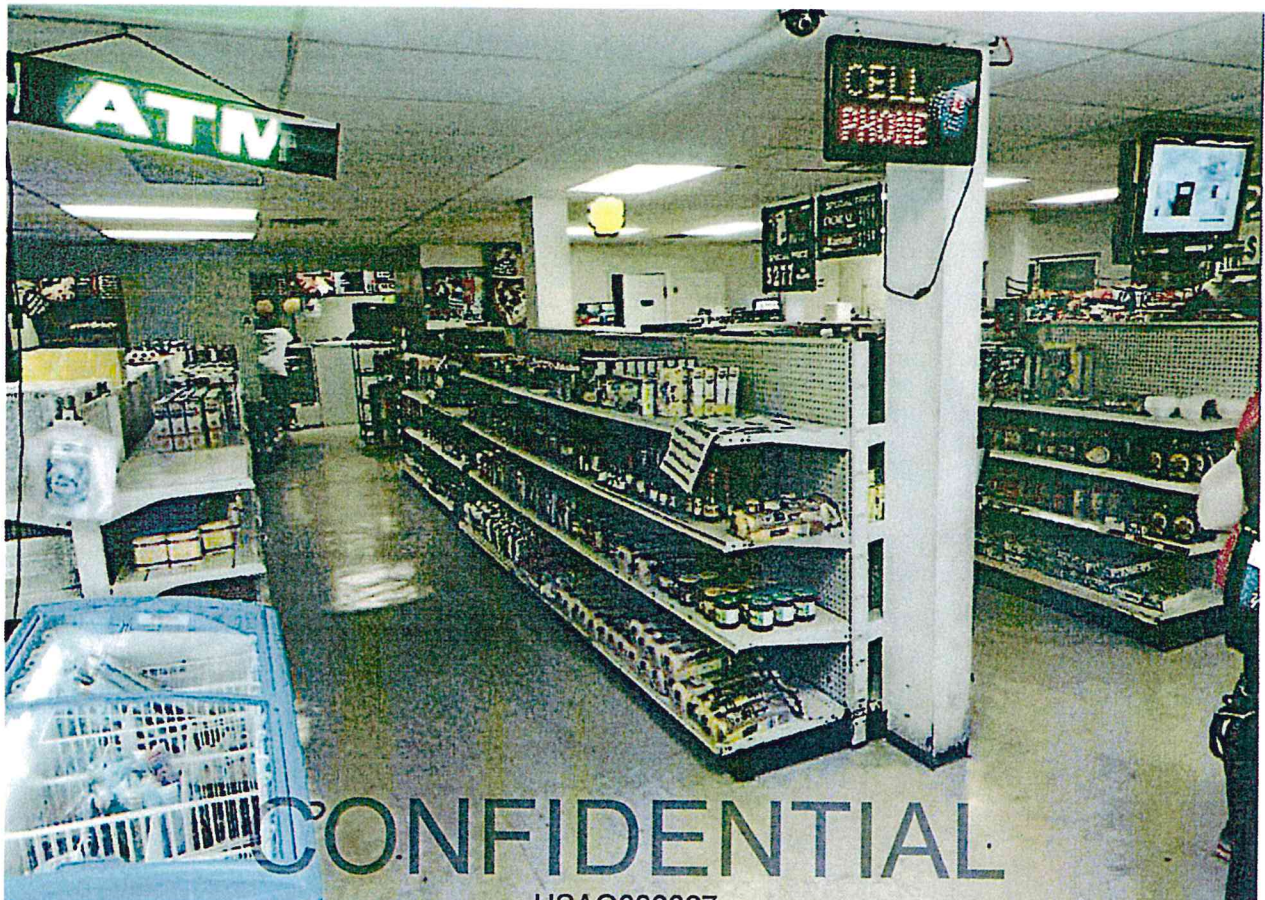




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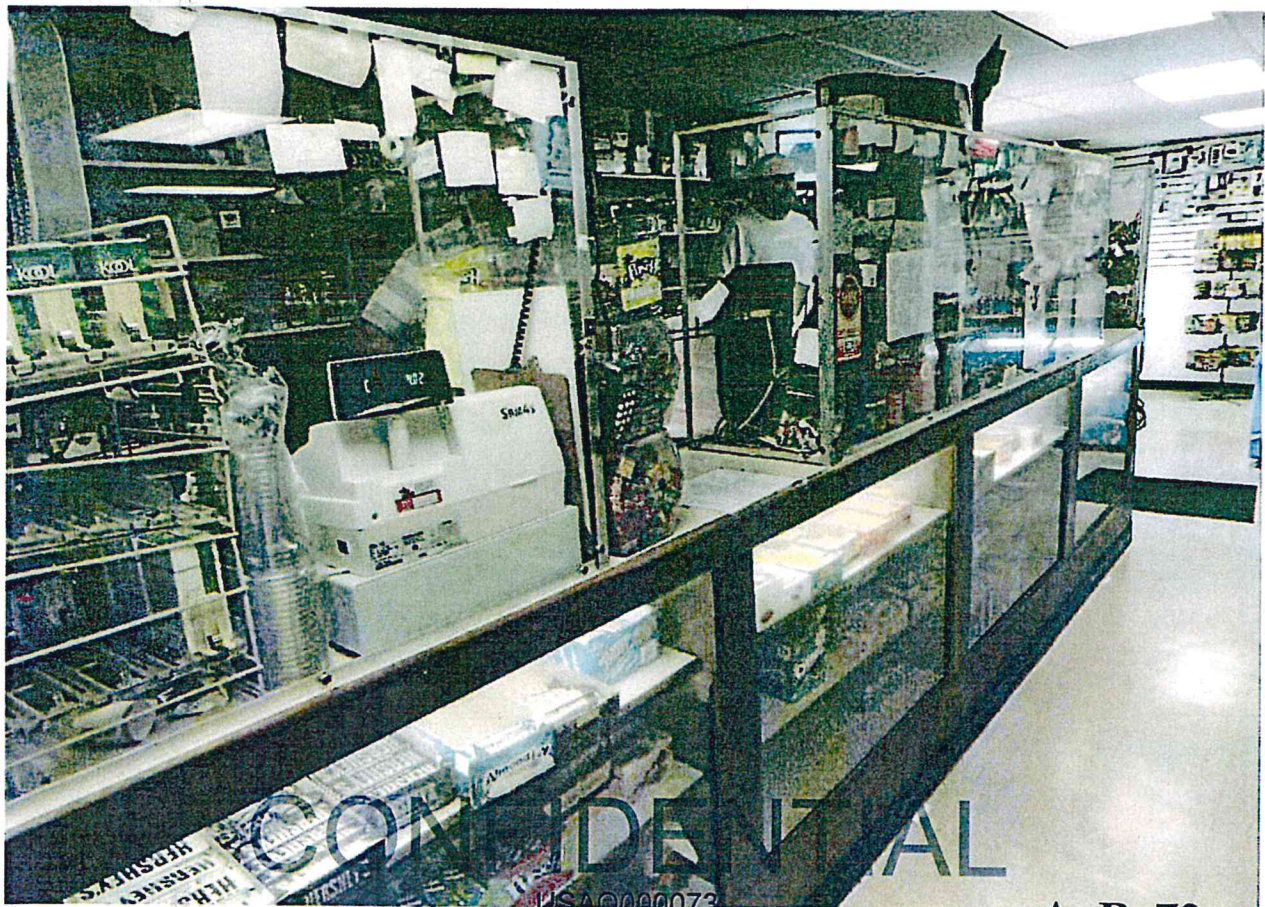












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